

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2009 JUL 16 AM 10:12

COMMITTEE NAME (Must be same as on Statement of Organization)

Iowa Medical Leadership PAC

IMPORTANT: Indicate by # type of committee you are reporting for: 2

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

**FORM
DR-2**

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

[Signature]
SIGNATURE OF PERSON FILING REPORT

641-422-6505
TELEPHONE

7-7-09
DATE SIGNED

I AM FILING A July 17, 2009 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,350.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL..... \$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

21.40

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

1,328.60

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Iowa Medical Leadership Political Action Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/5/09	ID# CK#	Wells Fargo Bank Mason City, IA 50401	Bank Service Charge	\$5.35
4/5/09	ID# CK#	Wells Fargo Bank Mason City, IA 50401	Bank Service Charge	5.35
5/5/09	ID# CK#	Wells Fargo Bank Mason City, IA 50401	Bank Service Charge	5.35
6/5/09	ID# CK#	Wells Fargo Bank Mason City, IA 50401	Bank Service Charge	5.35
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$21.40
TOTAL (if last page of this schedule)				\$21.40

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page ____ 1 ____ of ____ 1 ____

(for Schedule B)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Iowa Medical Leadership Political Action Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1/23/2009	ID# CK#	Mark Mulkey 425 North Illinois Avenue Mason City, IA 50401		\$25	
2/13/2009	ID# CK#	Timothy Gibbons 1770 Springview Drive Mason City, IA 50401		25	
2/13/2009	ID# CK#	Eric Nelson 5 Deer Creek Court Mason City, IA 50401		25	
2/13/2009	ID# CK#	Michael Scherb 1110 15th Street S.E. Mason City, IA 50401		25	
2/13/2009	ID# CK#	Phillip Lee 20778 Poplar Avenue Mason City, IA 50401		25	
2/13/2009	ID# CK#	Timothy Dettmer 662 E. State Street Mason City, IA 50401		25	
2/13/2009	ID# CK#	Mark Lassise 4 Hampshire Court Mason City, IA 50401		25	
2/13/2009	ID# CK#	Satish Sondhi 2 Deer Creek Court Mason City, IA 50401		25	
2/13/2009	ID# CK#	J.D. Thoreson 5 Arrowwood Mason City, IA 50401		25	
2/13/2009	ID# CK#	Eric Potthoff P.O. Box 1815 Mason City, IA 50401		300	
SUB-TOTAL				\$525	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
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2/13/2009	ID# CK#	Dale Armstrong 655 7th Street N.E. Mason City, IA 50401		25	
3/16/2009	ID# CK#	Jeffrey Rowe 1309 3rd Street N.W. Mason City, IA 50401		50	
3/16/2009	ID# CK#	Timothy Gibbons 1770 Springview Drive Mason City, IA 50401		25	
3/16/2009	ID# CK#	Eric Nelson 5 Deer Creek Court Mason City, IA 50401		25	
3/16/2009	ID# CK#	Michael Scherb 1110 15th Street S.E. Mason City, IA 50401		25	
3/16/2009	ID# CK#	Phillip Lee 20778 Poplar Avenue Mason City, IA 50401		25	
3/16/2009	ID# CK#	Timothy Dettmer 662 E. State Street Mason City, IA 50401		25	
3/16/2009	ID# CK#	Mark Lassise 4 Hampshire Court Mason City, IA 50401		25	
3/16/2009	ID# CK#	Dale Armstrong 655 7th Street N.E. Mason City, IA 50401		25	
3/16/2009	ID# CK#	Satish Sondhi 2 Deer Creek Court Mason City, IA 50401		25	

SUB-TOTAL

TOTAL (if last page of this schedule)

\$275

\$

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Page 2 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Iowa Medical Leadership Political Action Committee

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
3/16/2009	ID# CK#	J.D. Thoreson 5 Arrowwood Mason City, IA 50401		25	
4/16/2009	ID# CK#	Jeffrey Rowe 1309 3rd Street N.W. Mason City, IA 50401		50	
4/16/2009	ID# CK#	Timothy Gibbons 1770 Springview Drive Mason City, IA 50401		25	
4/16/2009	ID# CK#	Eric Nelson 5 Deer Creek Court Mason City, IA 50401		25	
4/16/2009	ID# CK#	Michael Scherb 1110 15th Street S.E. Mason City, IA 50401		25	
4/16/2009	ID# CK#	Phillip Lee 20778 Poplar Avenue Mason City, IA 50401		25	
4/16/2009	ID# CK#	Timothy Dettmer 662 E. State Street Mason City, IA 50401		25	
4/16/2009	ID# CK#	Mark Lassise 4 Hampshire Court Mason City, IA 50401		25	
4/16/2009	ID# CK#	Dale Armstrong 655 7th Street N. E. Mason City, IA 50401		25	
4/16/2009	ID# CK#	Satish Sondhi 2 Deer Creek Court Mason City, IA 50401		25	
SUB-TOTAL				\$275	
TOTAL (if last page of this schedule)				\$	

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Page 3 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Iowa Medical Leadership Political Action Committee

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Date DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
4/16/2009	ID# CK#	J.D. Thoreson 5 Arrowwood Mason City, IA 50401		25	
5/15/2009	ID# CK#	Jeffrey Rowe 1309 3rd Street N.W. Mason City, IA 50401		25	
5/15/2009	ID# CK#	Timothy Gibbons 1770 Springview Drive Mason City, IA 50401		25	
5/15/2009	ID# CK#	Eric Nelson 5 Deer Creek Court Mason City, IA 50401		25	
5/15/2009	ID# CK#	Michael Scherb 1110 15th Street S.E. Mason City, IA 50401		25	
5/15/2009	ID# CK#	Phillip Lee 20778 Poplar Avenue Mason City, IA 50401		25	
5/15/2009	ID# CK#	Timothy Dettmer 662 E. State Street Mason City, IA 50401		25	
5/15/2009	ID# CK#	Mark Lassise 4 Hampshire Court Mason City, IA 50401		25	
5/15/2009	ID# CK#	Dale Armstrong . 655 7th Street N. E Mason City, IA 50401		25	
5/15/2009	ID# CK#	Satish Sondhi 2 Deer Creek Court Mason City, IA 50401		25	
SUB-TOTAL				\$250	
TOTAL (if last page of this schedule)				\$	

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Page 4 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
5/15/2009	ID# CK#	J.D. Thoreson 5 Arrowwood Mason City, IA 50401		25	
6/11/2009	ID# CK#	Rene Recinos 2909 Morning Star Court Mason City, IA 50401		25	
6/11/2009	ID# CK#	Jeffrey Rowe 1309 3rd Street N.W. Mason City, IA 50401		25	
6/11/2009	ID# CK#	Timothy Gibbons 1770 Springview Drive Mason City, IA 50401		25	
6/11/2009	ID# CK#	Michael Scherb 1110 15th Street S.E Mason City, IA 50401		25	
6/11/2009	ID# CK#	Phillip Lee 20778 Poplar Avenue Mason City, IA 50401		25	
6/11/2009	ID# CK#	Timothy Dettmer 662 E. State Street Mason City, IA 50401		25	
6/11/2009	ID# CK#	Mark Lassise 4 Hampshire Court Mason City, IA 50401		25	
6/11/2009	ID# CK#	Dale Armstrong 655 7th Street N. E. Mason City, IA 50401		25	
6/11/2009	ID# CK#	Satish Sondhi 2 Deer Creek Court Mason City, IA 50401		25	

SUB-TOTAL

TOTAL (if last page of this schedule)

\$250

\$

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Page 5 of 6
(for Schedule A)

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6/11/2009	ID# CK#	J.D. Thoreson 5 Arrowwood Mason City, IA 50401		25	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
SUB-TOTAL				\$25	
TOTAL (if last page of this schedule)				\$1600	

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Page 6 of 6
(for Schedule A)